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CONFIRMATION NO. 2103

<b>SERIAL NUMBER</b> 10/766,124	<b>FILING OR 371(c) DATE</b> 01/28/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> CP 108
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/490,060 07/24/2003  
 and claims benefit of 60/468,470 05/06/2003  
 and claims benefit of 60/458,993 03/28/2003  
 and claims benefit of 60/443,618 01/29/2003  
 and claims benefit of 60/443,237 01/28/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 08/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

Multiparticulate compositions of milnacipran for oral administration

<b>FILING FEE RECEIVED</b> 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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